REQUEST FOR SHIPMENT OF PRIVATELY OWNED VEHICLE (POV) THROUGH CONUS ALTERNATE PORT **SECTION I** (To be completed by member) 1. DATE OF REQUEST 2. THRU (Origin ITO) 3. TO MECOBO (See DoD Reg. 4500.32-R, Vol. I, (YYYYMMDD) App. D for address) 4. REQUEST AUTHORITY TO SHIP MY POV THROUGH _____ (Alternate Port) VEHICLE CAN BE DELIVERED TO PORT ON _______, FOR SHIPMENT TO ______ REQUEST DELIVERY DATE OVERSEAS IS (YYYYMMDD) 5. VEHICLE a. MAKE b. STATE c. LICENSE NUMBER d. BODY TYPE e. YEAR 6. I ACKNOWLEDGE THAT COSTS INCURRED BY SELECTION OF AN ALTERNATIVE PORT WHICH EXCEED THE REGULAR ROUTING COSTS WILL BE CHARGED TO ME. a. NAME OF MEMBER (Last, First, Middle Initial) b. ADDRESS (Include ZIP Code) d. TELEPHONE (Include Area Code) e. SIGNATURE c. GRADE **SECTION II** (To be completed by approving authority) 7. PERMISSION (X) **NOT GRANTED GRANTED** 8. REASON(S) NOT GRANTED 9. MECOBO APPROVING AUTHORITY 10. SIGNATURE 11. DATE (YYYYMMDD)